## BEST AVAILABILE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/609040

CDAIMS AS FILED - PART I								SMALL				RTHAR							
TOTAL CLAIMS			. (Colun	<u>nn 1)                                  </u>	(Co!	umn 2)	].	TYPE		. Of	SKALI	LEKTITY							
TOTAL COAINS				<del></del>	ļ			RATE	FEE	_	RATE	FEE							
F	FOR		NUMBER FILED		MUM	NUMBER EXTRA		BASIC F	SE 395.0	OF	BASIC FE	E 790.00							
T	TOTAL CHARGEABLE CLAIMS			minus 20=		•		X\$25		OF	X501=								
1;	DEPENDENT		ninus 3 =	<u> </u>	· .		XW=		OF	X200=									
l M	ULTIPLE DEFE	ENDENT CLAIM	PRESENT	RÉSENT .				+150=		ОЯ	+300=	<del>                                     </del>							
*1	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	-							
1		CLAIMS AS	AMENDE	ENDED - PART II				:	<del></del>			RTHAN							
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR		ENTITY							
AMENDMENTA	1/19/05	CLAIMS REMAINING AFTER AVENDMENT		HIGHI NUME PREVIO PAID F	SER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE							
NON	Total	15	Minus	-2	0	= /		X <b>25</b> =		- OR	X\$50=								
AME	Independent FIRST PRES	FATETION DE N	Minus	EENDENT	7	= /	·	×100:		OR	X200=								
ا ا د	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	4300=								
								TOTAL DOT, FEE		OR	JATOT BEF TICODA								
		(Column 1)	(Column 2) (Column 3)																
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE BMUH FRYDH F DIAG	er Usly	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
NON	Total		Minus	\$142		=:		x25=		OR	X50	į							
AME	Independent	*	Minus	***		=	i	X 100=	,,	OR	X200=								
	FIRST PRESE	ST PRESENTATION OF MUL		PENDENT	CLAIM		-			, · · ·									
				•		16	L	+150=		OR	+300=								
	·									OR	TOTAL ADDIT. FEE								
ADDIT. FEE L																			
AMENDMENT C		CLAIMS REMAINING AFTER - AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL ,FEE							
∑ Q.V	Total	•	Minus -	**		=	Γ	X25!=		OR	X\$50=								
<b>AME</b>	Independent		Minus	***	- 1	F	1	×100 =		f	×200:								
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR									
	M. a.	1	+15O=		OR	+300=													
H	the entry in color the "Highest Nur	AD	TOTAL OIT. FEE	·	OR A	TOTAL DOIT, FEE													
1	tive ringness Num the "Highest Num	moer Previously Paid ber Previously Paid	is For (Total or	5 SPACE Is I Independent '	ess than 4 is the f	3, ealer => * ighest irent er		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADOIT. FEE ADOIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter ""  The "Highest Number Previously Paid For" (Total or Independent) is the highest river er found in the appropriate box in optimin 1.											